

Name
in
Full

Not Named

Blake

CERTIFICATE OF DEATH

Diad at Easton Town Tallor County MARYLAND

Date of death 1909 Month Aug Day 24 Age 2 Years Months Days

Sex Female Color or Race Black Birth-place Easton

Occupation — Where Residing if not at place of death —

~~Married, Single~~
~~or Widowed~~

Name of Wife or Husband

Father's Name

Perry Blake

Father's Birthplace

Md.

Mother's Maiden Name

Anilia Gibson

Mother's Birthplace

Md.

Name of person giving Information

Anilia Gibson

How related to deceased

Mother

CAUSES OF DEATH

151

Primary

Weak at Birth

How long

2 Mo.

Immediate

General debility

How long

2 Mo.

Are the name, age, sex, color, data and place correctly given above?

Yes

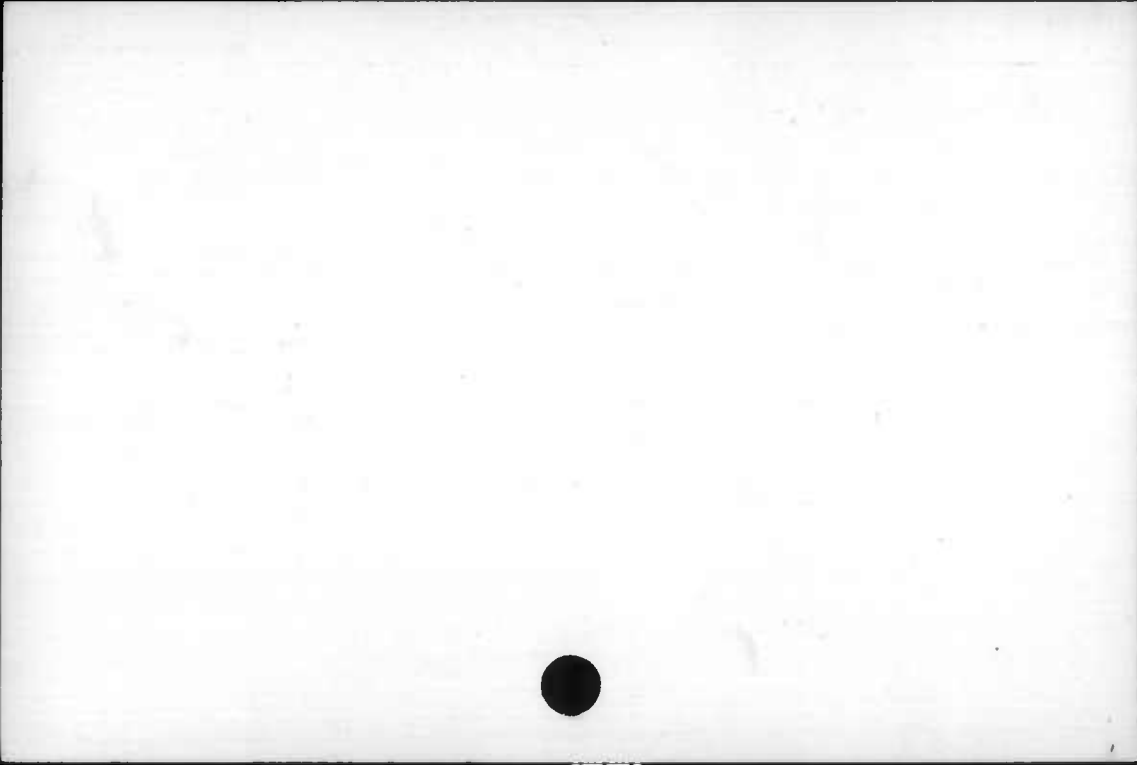
Signature of Physician

Address

John B Fairbank
Coroner
Easton Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Wilson Burke

Town

St. Michaels

County

Talbot

MARYLAND

Date

of death

1909 Aug. 21

Month

Day

Age

Years

84

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Unknown

Occupation

Laborer

Where Residing if not
at place of death

Same.

Married, Single
or Widowed

Married

Name of Wife or
Husband

don't know

Father's
Name

Edward Burke

Father's
Birthplace

don't know

Mother's
Maiden Name

Julia

don't know

Mother's
Birthplace

don't know

Name of person giving
Information

addison Burke

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

1 yr

Immediate

Cardiac failure

How long

1 hr

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

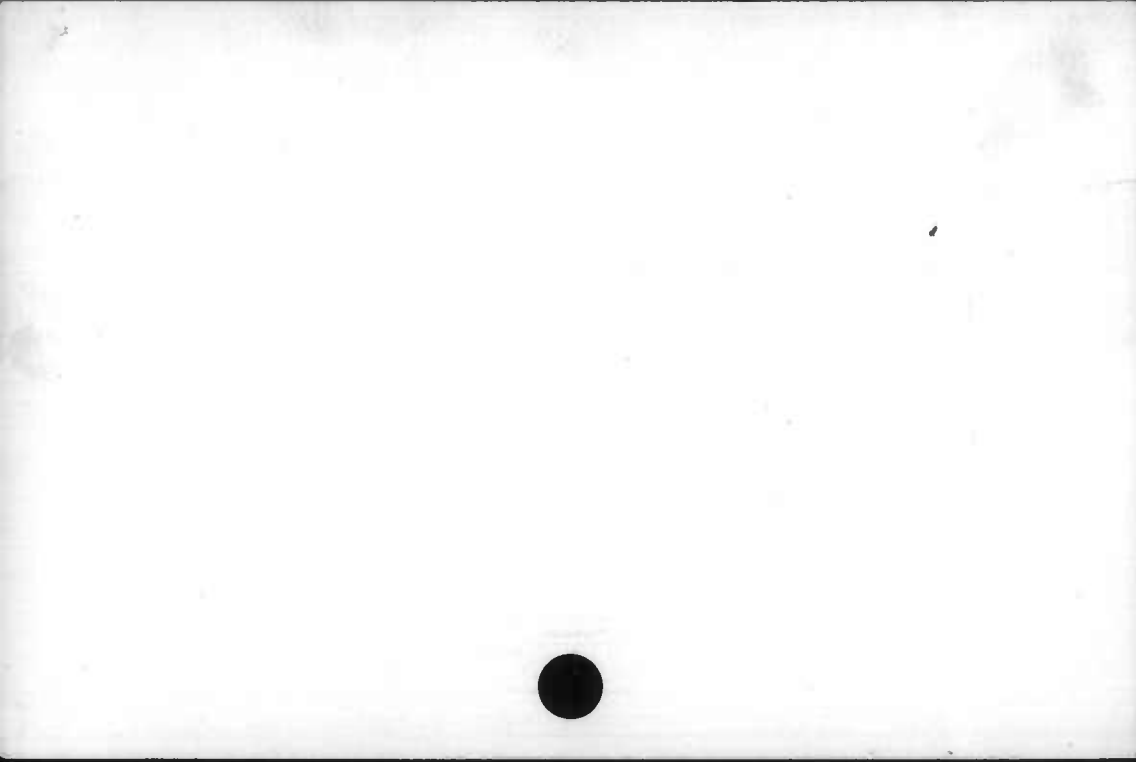
Address

J. H. H. M.D.
St. Michaels
Md.

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

Charity Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> ^{Town}		County <u>Talbot</u>		MARYLAND	
Date of death 1909 <u>Aug</u> ^{Month} <u>30</u> ^{Day}		Age <u>14</u> ^{Years}		<u>—</u> ^{Months} <u>—</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Caroline Co Md</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>Easton Md</u>			
Married Single <input checked="" type="checkbox"/> or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>Jessie Clark</u>		Father's Birthplace <u>North Carolina</u>			
Mother's Maiden Name <u>Addie Butler</u>		Mother's Birthplace <u>Talbot Co.</u>			
Name of person giving Information <u>Addie Clark</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

(27)

Primary <u>Pulmonary Tuberculosis & dyspepsia</u> & error	How long <u>6</u> ^{years}
Immediate <u>Same</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. R. Duppe M.D.</u>
	Address <u>Easton Md</u>
Accident or Suicide <u>Over</u>	

PHYSICIAN
OR CORONER

This girl lived in Wilmington
Del. and was attended
by Dr. Bantow of the
firm of Hopkins & Bantow
S.W. cor 12th & Walnut Sts
Her mother by advice of
her physician brought her
here for a short stay
thinking it would do her good
she was taken care of & they
started home with her &
she died on the way to depot

E. R. Zippel N.C.

Name
in
Full

Annie Rebecca Cooper

CERTIFICATE OF DEATH

at

Died at Oxford Town

Talbot Co County

MARYLAND

Date of death 1909 8 29 Age 18 Months - Days 17

Sex Female Color or Race Black Birth-place Oxford

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Henry Cooper Father's Birthplace Trappe

Mother's Maiden Name Annie Price Mother's Birthplace "

Name of person giving Information Emma Price How related to deceased Uncle

CAUSES OF DEATH

Primary Typhoid Fever How long 7 weeks
Immediate Intestinal hemorrhage 8 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Dr. S. P. Roberts

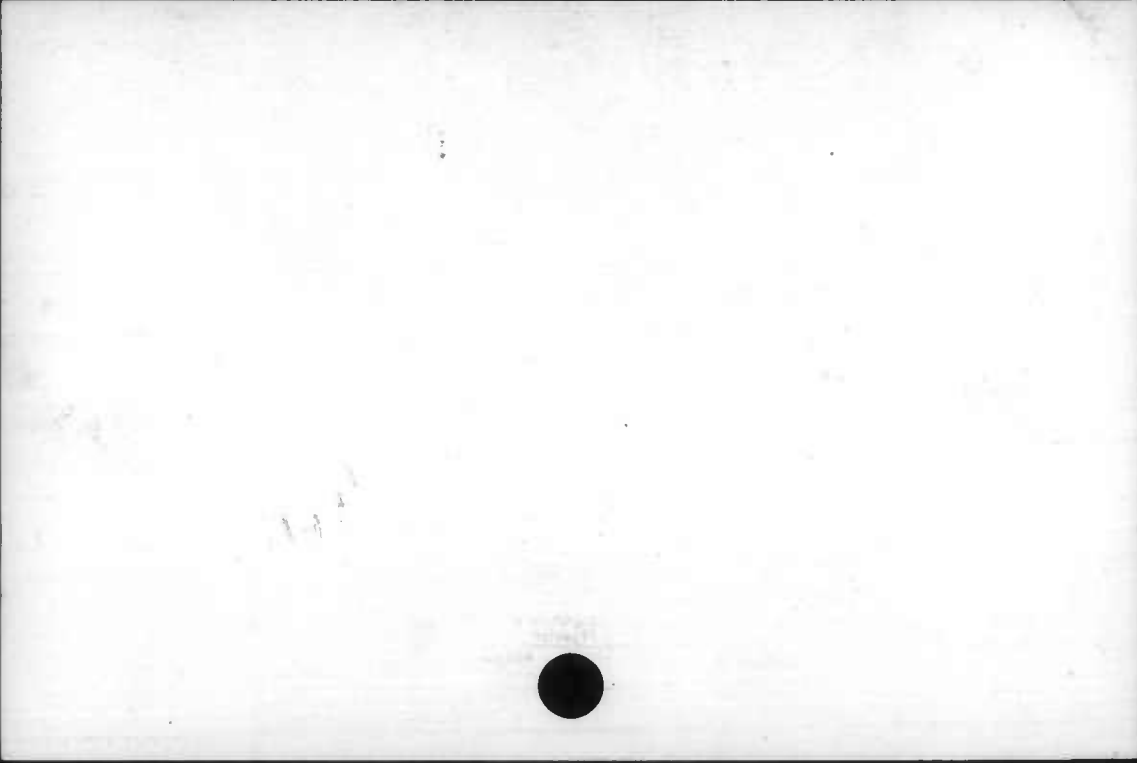
Address

Oxford
Talbot Co

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Howard Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

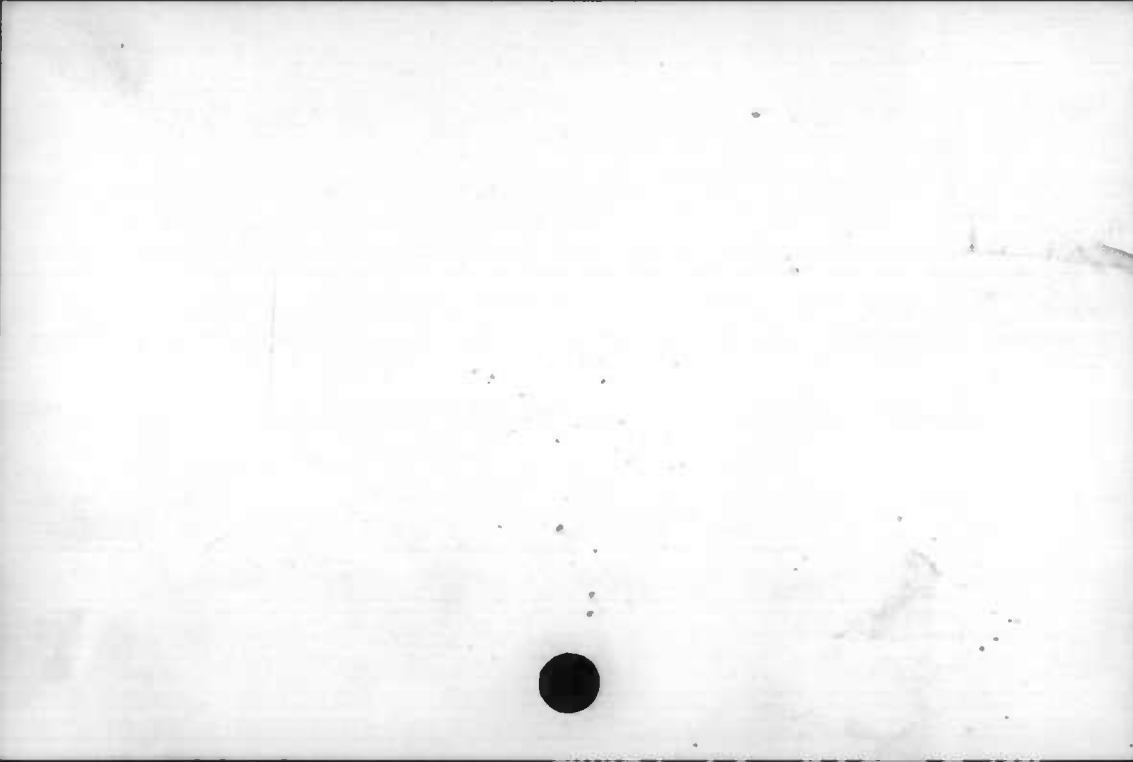
Died at		Town Easton		County Talbot		MARYLAND	
Date of death	1909	Month Aug	Day 27	Age 9	Years	Months 10	Days 8
Sex	Male		Color or Race	White		Birth-place	Md
Occupation	School boy			Where Residing if not at place of death		Same	
Married, Single or Widowed	Single		Name of Wife or Husband		X		
Father's Name	Wm H. Cox				Father's Birthplace	Md	
Mother's Maiden Name	Eva E. George				Mother's Birthplace	Md	
Name of person giving Information	Percy P. Cox				How related to deceased	uncle	

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Tuberculosis Meningitis		How long	19 days
Immediate	Exhaustion		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. R. Fippe
			Address	Easton
Accident or Suicide				Md



Name
in
Full

Elsie Dabson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

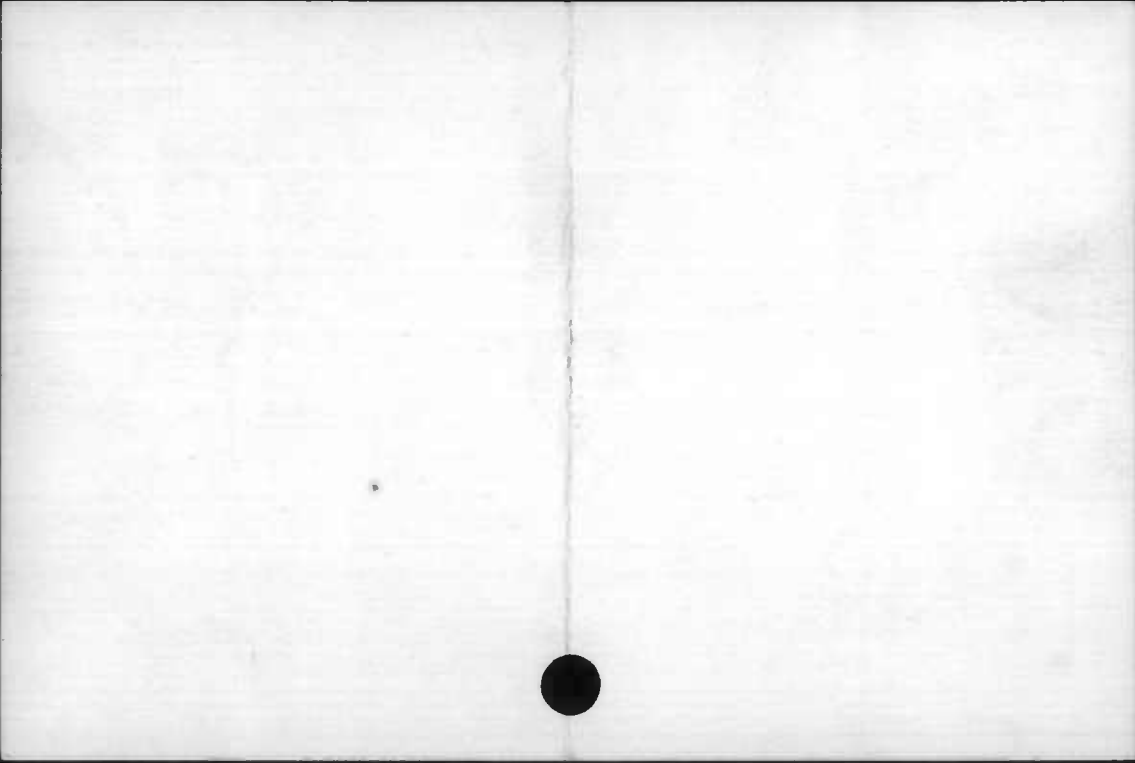
Died <i>near Cordova</i>		Town <i>Salbst</i>		County		MARYLAND	
Date of death 1909		Month <i>June</i>	Day <i>1st</i>	Age <i>17</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Salbst Co.</i>					
Occupation <i>Housework</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>Mr. F. Dabson</i>	Father's Birthplace <i>Salbst Co.</i>						
Mother's Maiden Name <i>Mollie Dixon</i>	Mother's Birthplace <i>Darmstadt</i>						
Name of person giving Information <i>Mr. F. Dabson</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. H. B. Taylor, M.D.</i>
	Address <i>Hillsboro, Md.</i>
Accident or Suicide <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERName in Full *Jacob Dobson*

Town

Easton

County

Talbot

MARYLAND

Died at

Date

of death

190 *9 Aug.*

Month

Day

13

Age

Years

59

Months

Days

Sex

*Male*Color or
Race*Negro*Birth-
place*Maryland*

Occupation

*Laborer*Where Residing if not
at place of death*—*Married, Single
or Widowed*Married*Name of Wife or
Husband*Sally Dobson*Father's
Name*Wm Dobson*Father's
Birthplace*Maryland*Mother's
Maiden Name*Ellen Murry*Mother's
Birthplace*" "*Name of person giving
Information*Sally Dobson*How related
to deceased*wife*

CAUSES OF DEATH

Primary

Acute Bright's disease

How long

6 wks

Immediate

Exhaustion

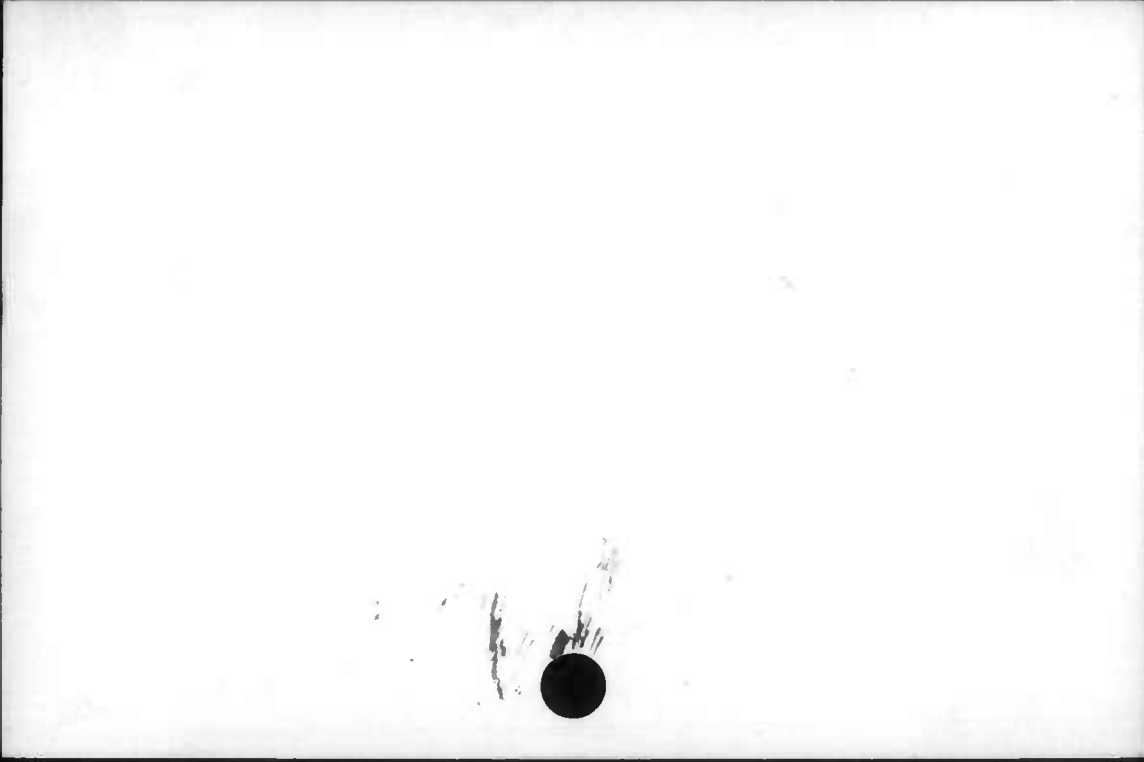
How long

*few days*Are the name, age, sex, color, date
and place correctly given above?*ye*Signature of
Physician*Chas H Davidson*

Address

Easton, Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Donovan

Died at Royal Oak

Town

County

Talbot

MARYLAND

Date

of death

1909

Aug

Day

3rd

Age

Years

73

Months

Days

Sex

man

Color or
Race

white

Birth-
place

skibereen
Ireland

Occupation

Blacksmith

Where Residing if not
at place of death

Married, Single
or Widowed

widower

Name of Wife or
Husband

Anna

Father's
Name

Don't Know

Father's
Birthplace

skibereen
Ireland

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

skibereen
Ireland

Name of person giving
Information

Anna Harrison

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Acute Diarrhoea

How long

6 weeks

Immediate

Ashtenia

How long

3004 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Samuel L. Lippe

Address

Royal Oak,
Maryland

Accident or Suicide

—



Name
in
Full

Grayson Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

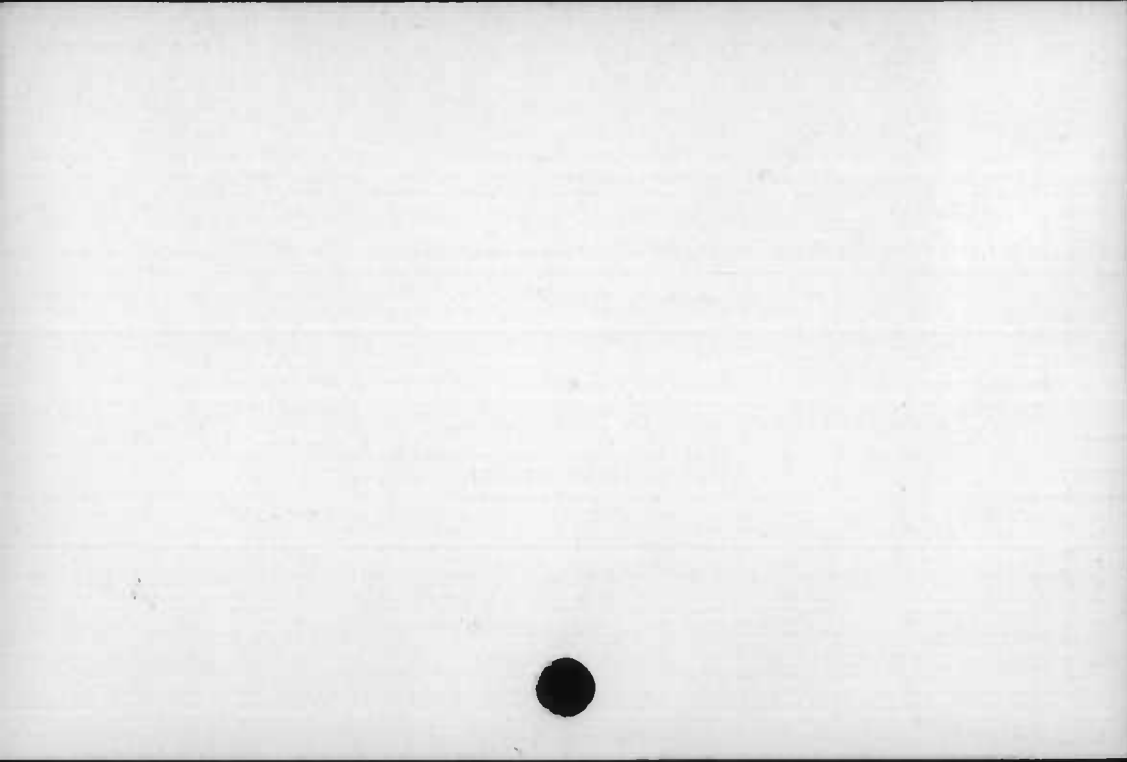
Died at <i>Mathews</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Aug</i>	Day <i>25</i>	Age <i>25</i>	Months <i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mathews</i>	
Occupation <i>Infant</i>			Where Residing if not at place of death <i>Mathews</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>John - Franklin Gardner</i>			Father's Birthplace <i>Queen Anne Co</i>		
Mother's Maiden Name <i>Florence Chance</i>			Mother's Birthplace <i>Talbot Co</i>		
Name of person giving information <i>John F. Gardner</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>One after birth</i>
Immediate <i>Strangulated Unguinal Hernia</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Stille M.D.</i>
<i>No doctor was called</i>	Address <i>Conova Md</i>
<i>Magistrate Smith and myself viewed body</i>	
Accident or Suicide?	



Name
in
Full

Fannona Gardner

CERTIFICATE OF DEATH

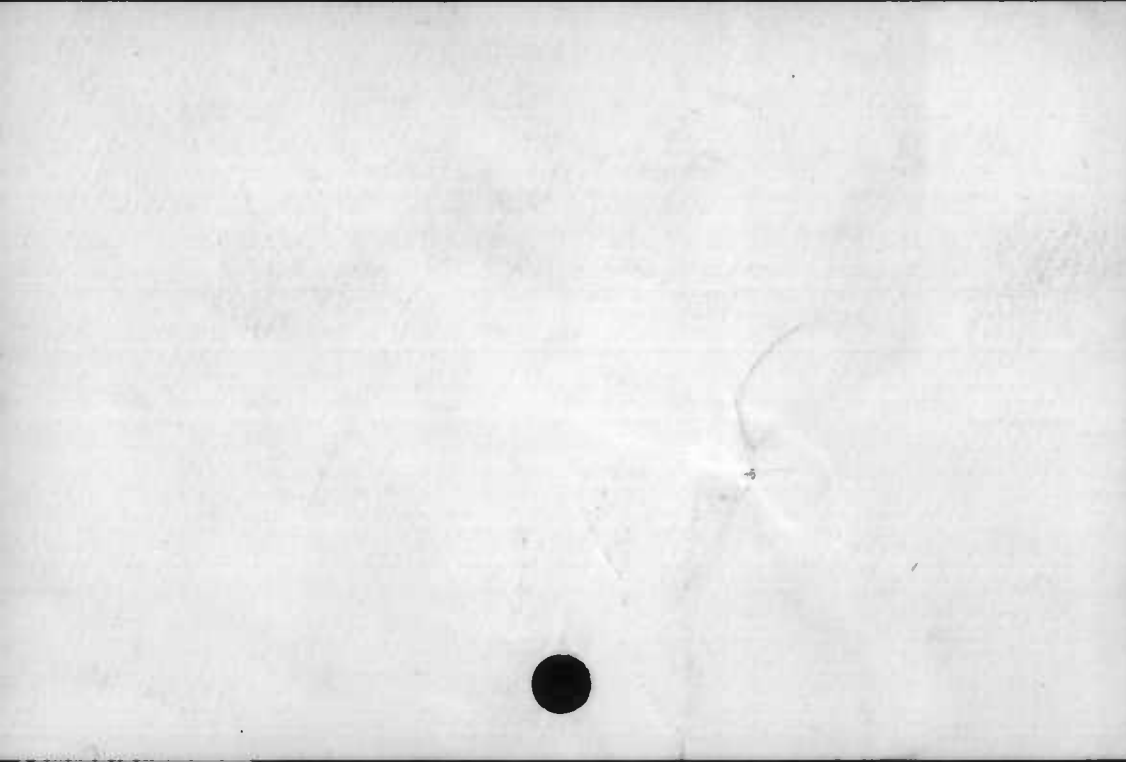
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxford</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	<i>8</i> ^{Month}	<i>14</i> ^{Day}	<i>17</i> ^{Years}	<i>3</i> ^{Months} <i>26</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>Black</i>	
Occupation	<i>Child</i>		Birth-place	<i>Oxford</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Trace Gardner</i>	
Father's Name	<i>Sam Bailey</i>			Father's Birthplace	<i>Talbot-Co</i>
Mother's Maiden Name	<i>Elya Ann Mills</i>			Mother's Birthplace	<i>Talbot-Co</i>
Name of person giving information	<i>Mother</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>21 days</i>
Immediate	<i>Intestinal Hemorrhage</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. P. Roberts M.D.</i>		
	Address <i>Oxford Md.</i>		
	<i>Talbot-Co</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Leslie Gooding* Town *Easton* County *Talbot* MARYLAND

Died at *Easton*

Date of death *1909 Aug 14* Age *77* Months Days

Sex *male* Color or Race *white* Birth-place *Del*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Katharine Gooding*

Father's Name *Joseph Gooding* Father's Birthplace *Del*

Mother's Melden Name *Elizabeth Boulden* Mother's Birthplace *Del*

Name of person giving Information *Susan Miller* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Cerebral Hemiparesis* How long *67* years

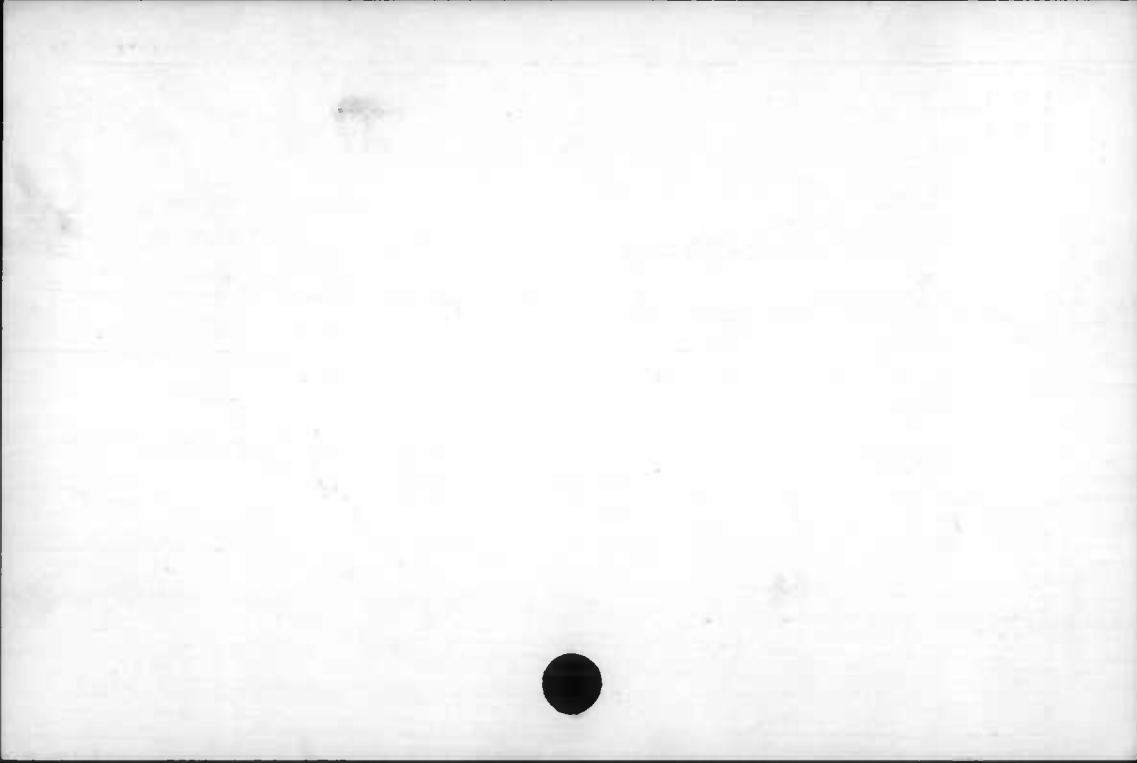
Immediate *General Anesthesia* How long *two weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *P. L. Taylor* Address *Easton, Md.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John F. Gracean

Town

County

MARYLAND

Died at Beltsville

Talbot

Date

of death

1909

Month

Aug

Day

1

Age

Years

39

Months

6

Days

8

Sex

Male

Color or
Race

White

Birth-
place

Balto

Occupation

Retired

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Anna Gracean

Father's
Name

Thomas Gracean

Father's
Birthplace

Balto.

Mother's
Meiden Name

Louisa Gramow

Mother's
Birthplace

"

Name of person giving
Information

Anna Gracean

How related
to deceased

wife

CAUSES OF DEATH

69

Primary

Alcoholism & Epilepsy

How long

Several years

Immediate

Heart failure from Epileptic Seizure a few hours

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Sam. C. Triple

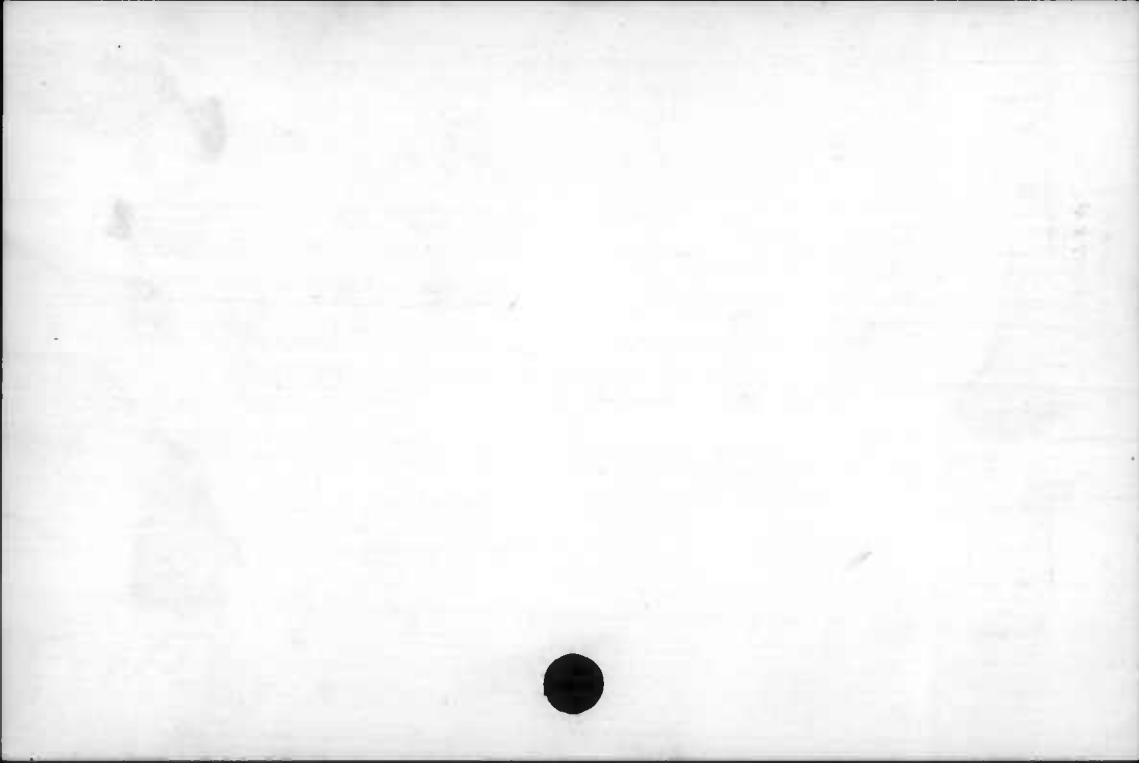
Address

Royal oak
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

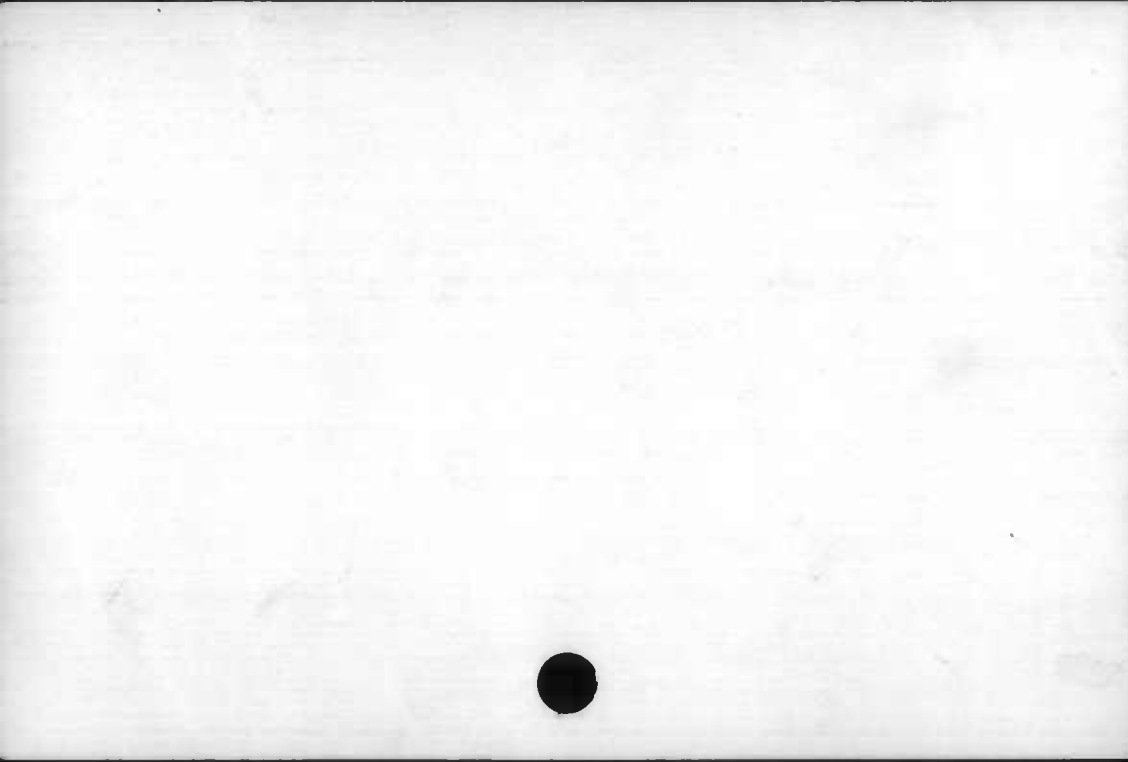
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Fredrick Samuel Green</i>		Town <i>St. Michaels</i>		County <i>Talbot</i>		MARYLAND	
Died at		Month <i>9 Aug.</i>		Day <i>1</i>		Years <i>56</i>	
Date of death 190		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Brooklyn N.Y.</i>			
Occupation <i>Broker</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Altena W. Green</i>					
Father's Name <i>Volney Green</i>		Father's Birthplace <i>Ossola N.Y.</i>					
Mother's Maiden Name <i>Nancy Bacon</i>		Mother's Birthplace <i>Barnes Mass.</i>					
Name of person giving Information <i>Meredith Dryden</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral hemorrhage</i>	How long <i>64</i>	<i>12 hours</i>
Immediate	<i>Respiratory failure</i>	How long	
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Lake M.D.</i>	
Address <i>St. Michaels Md.</i>			
Accident or Suicide <i>No</i>			



Name
in
Full

Per Edward M. Hardcastle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton Town Talbot County MARYLAND

Date of death 8/15 1909 Month 8 Day 15 Age 44 Years 9 Months 5 Days

Sex Male Color or Race White Birth-place Talbot County

Occupation Minister Where Residing if not at place of death Easton Md

Married, Single or Widowed Married Name of Wife or Husband Helen V. P. Hardcastle

Father's Name Edward M. Hardcastle Father's Birthplace Talbot Co

Mother's Maiden Name Annie E. Young Mother's Birthplace " "

Name of person giving Information Helen V. P. Hardcastle How related to deceased Wife

CAUSES OF DEATH

Primary Phthisis Pulmonalis How long Several Years

Immediate Exhaustion How long 3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. R. Tupper
Easton Md

Accident or Suicide

12
Mr. Bell

11th St. N. W.
Washington, D. C.



Name in Full N. Evelyn Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Bozeman Town Tallot County MARYLAND

Date of death 1909 Aug Month 24 Day Age 2 Years Months 0 Days 3

Sex Female Color or Race White Birth-place Tallot Co.

Occupation Child Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name T. H. Jones, Jr. Father's Birthplace Tallot Co.

Mother's Maiden Name Melena Boone Mother's Birthplace Tallot Co.

Name of person giving Information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Aliphthemia How long 7 days

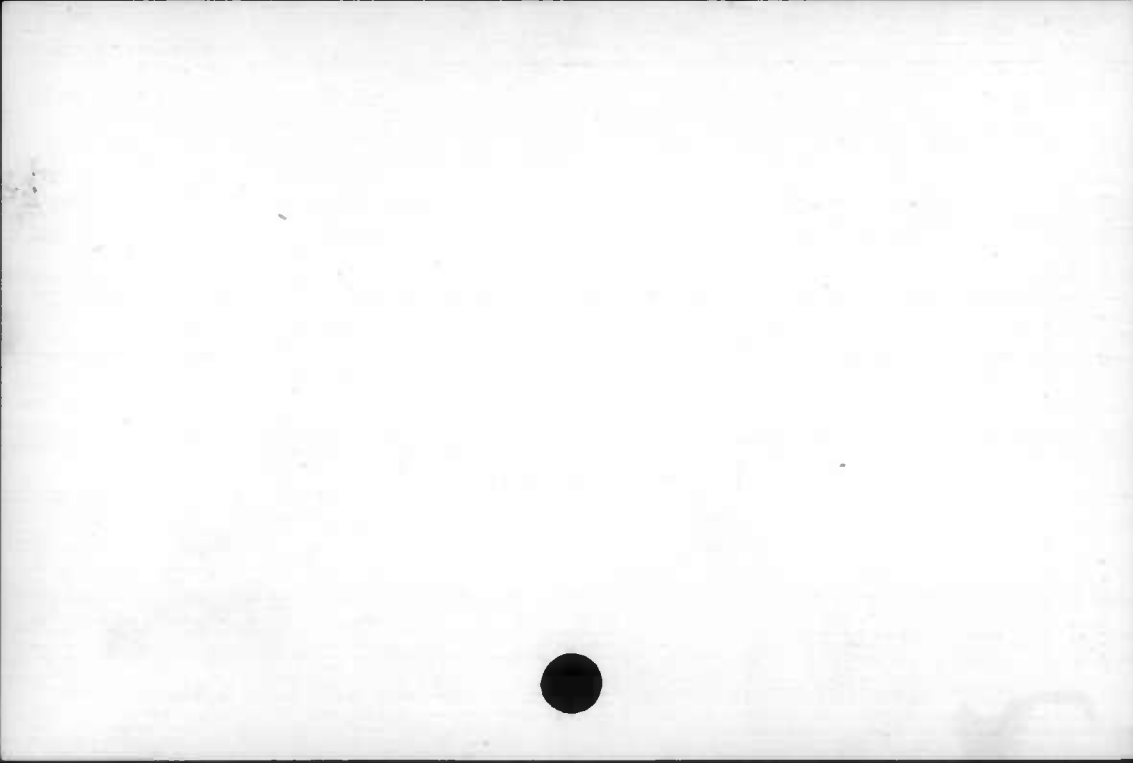
Immediate Heart Failure How long 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. J. B. Sells

Address St Michael's

Accident or Suicide No



Name
in
Full

Mary E. Leonard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Royal Oak</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death	1909	Month	Aug	Day	29	Age	76
Sex	Female		Color or Race	White		Birth-place	Talbot Co. Md
Occupation	Lady		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	Nicholas B. Leonard			
Father's Name	Richard B. Frankpton					Father's Birthplace	Talbot Co
Mother's Maiden Name	Fannie Townsend					Mother's Birthplace	Talbot Co
Name of person giving Information	Mrs A. C. Tripper					How related to Deceased	Saughter-in

CAUSES OF DEATH

90

Primary	<i>Bronchitis</i>		How long	<i>acute</i>
Immediate	<i>General debility</i>		How long	<i>several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		<i>Samuel C. Tripper</i>		
		Address		
		<i>Royal Oak</i>		
		<i>Maryland</i>		
Accident or Suicide <i>—</i>				

PHYSICIAN
OR CORONER



11/31

Name
in
Full

Sarah b Morris

CERTIFICATE OF DEATH

Died at Easton ^{Town} Salbot ^{County} **MARYLAND**

Date of death 1909 ^{Month} Aug ^{Day} 25 Age 74 ^{Years} 1 ^{Months} 21 ^{Days}

Sex Female Color or Race White Birth-place Md

Occupation Lady Where Residing if not at place of death X

~~Married~~ Single or Widowed Name of Wife or Husband Jeremiah Morris

Father's Name Robert Leonard Father's Birthplace Md

Mother's Maiden Name Sarah Ann Vickers Mother's Birthplace Md

Name of person giving Information Clement R Leonard How related to deceased Brother

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Old age + cerebral effusion 64 ^{How long} 1 Year

Immediate Exhaustion ^{How long} a few days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. R. Zuppe

Address Easton Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rachael A. Pinder</i>		Town <i>Afford</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Afford</i>		Month <i>Aug</i>		Day <i>31</i>		Age <i>36</i>	
Date of death <i>1909</i>		Months <i>5</i>		Days <i>27</i>			
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Trappe, Talbot Co. Md.</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo H Pinder</i>					
Father's Name <i>Lamson Gibson</i>		Father's Birthplace <i>Trappe Md</i>					
Mother's Maiden Name <i>Rachael Hardroy</i>		Mother's Birthplace <i>Trappe Md</i>					
Name of person giving information <i>G. Gibson, Jr.</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary <i>Haemorrhage from Tumour of Uterus</i>		How long <i>3 years</i>	
Immediate <i>Physical Exhaustion</i>		How long <i>3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Eccles M.D.</i>	
		Address <i>Afford Md.</i>	
Accident or Suicide? <i>—</i>			

26



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Henry Roberts* Town *Talbot* County *Talbot*

Died at *Talbot* Maryland

Date of death 1909 *Aug* Month *13th* Day *1* Year *year* Age *1* Month *—* Day *—*

Sex *male* Color or Race *Colored* Birth place *Talbot Co.*

Occupation *—* Where Residing if not at place of death *at place of death.*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Perry Roberts* Father's Birthplace *Talbot Co.*

Mother's Maiden Name *Rosa Blackwell* Mother's Birthplace *Talbot Co.*

Name of person giving Information *Perry Roberts* How related to deceased *father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

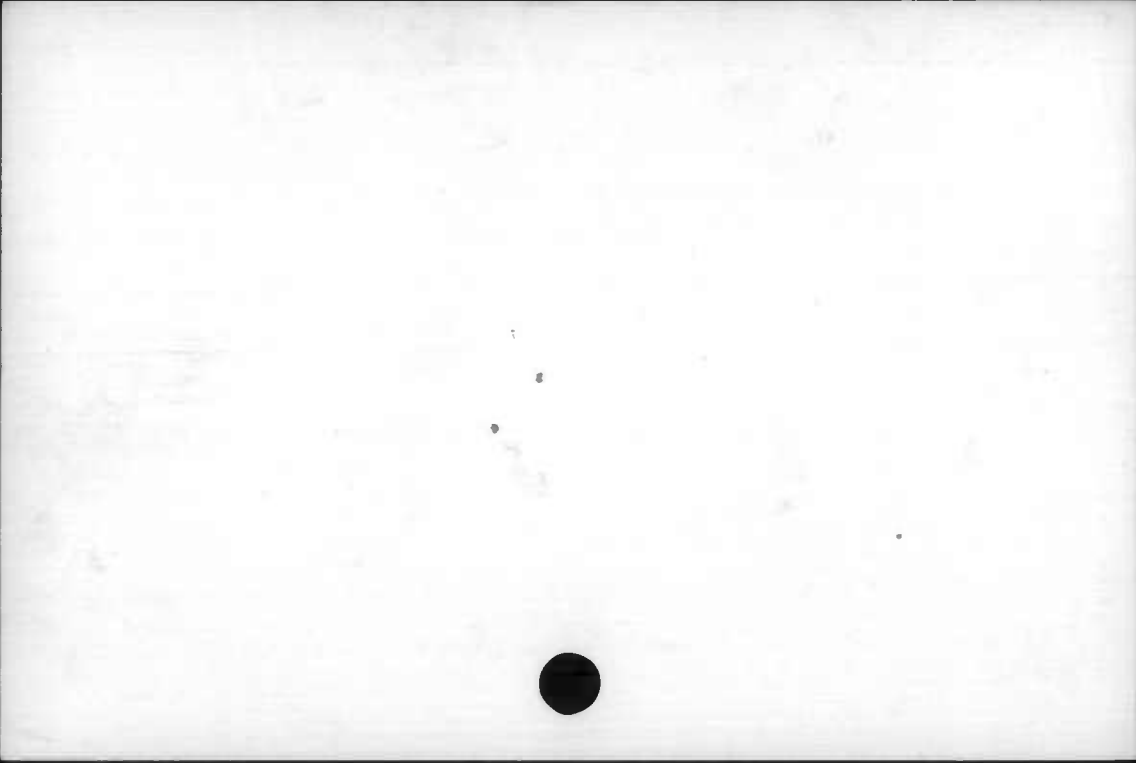
Primary *Shoelitis* How long *2 weeks.*

Immediate *Cordis & Anthemia* How long *24 hrs.*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *P. L. [unclear]*

Address *Easton, Md.*

Accident or Suicida *—*



Name
in
Full

Jena Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

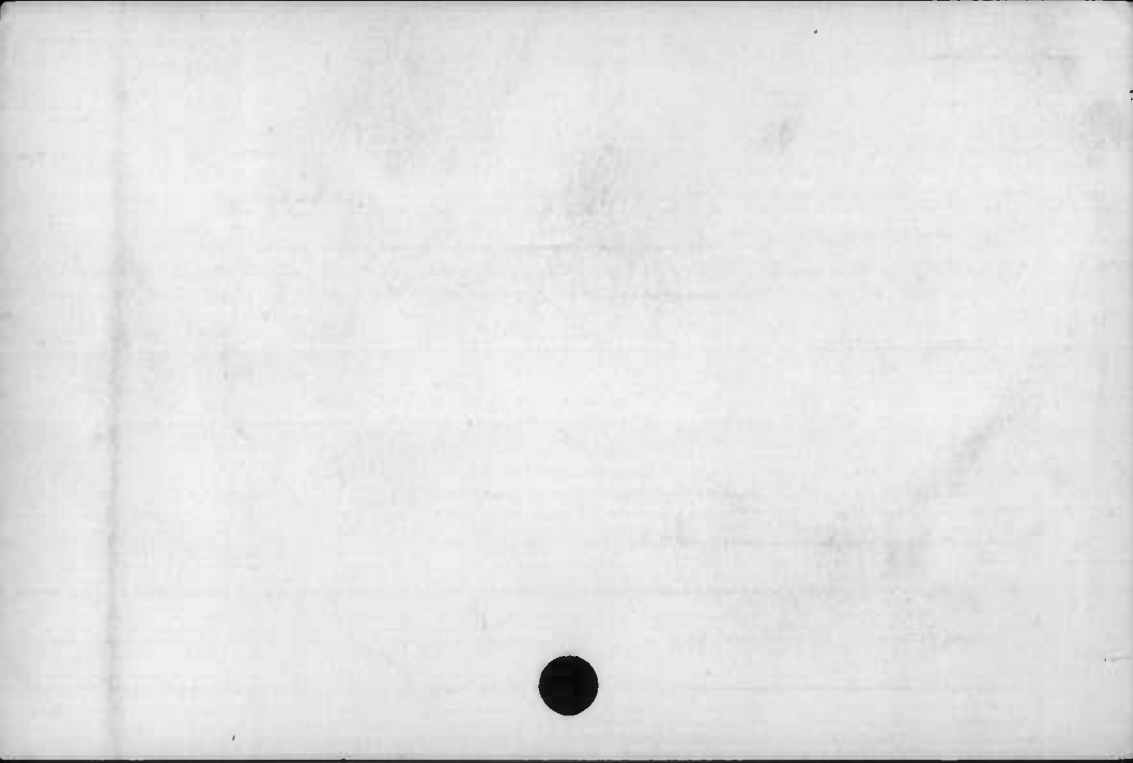
Died at		Town <i>St Michael</i>		County <i>Talbot</i>		MARYLAND	
Date of death		Month <i>9 Aug</i>	Day <i>23</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>	
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Talbot Co</i>
Occupation	<i>Infant</i>			Where Residing if not at place of death			<i>—</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Howard Roberts</i>				Father's Birthplace	<i>Talbot Co.</i>	
Mother's Maiden Name	<i>Josephine Burke</i>				Mother's Birthplace	<i>Talbot Co.</i>	
Name of person giving information	<i>Howard Roberts</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>1 mo.</i>
Immediate	<i>General Asthenia - Cardiac failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. H. S. M.D.</i>	
Accident or Suicide?		Address	
<i>No</i>		<i>St Michael's Md.</i>	



Name
in
Full

Phelma Rozilea Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Easton ^{County} Talbot MARYLAND

Date of death 1909 ^{Month} Aug ^{Day} 17 Age ^{Years} 2 ^{Months} 15 ^{Days}

Sex Female Color or Race Colored Birth-place Phula Pa

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed ☒ Name of Wife or Husband _____

Father's Name Coleman Smith Father's Birthplace donkey on

Mother's Maiden Name Mary Johnson Mother's Birthplace Phula Pa

Name of person giving Information Lavene McGee How related to deceased friend

CAUSES OF DEATH

151

Primary Transition How long one month

Immediate General Anesthesia How long one week

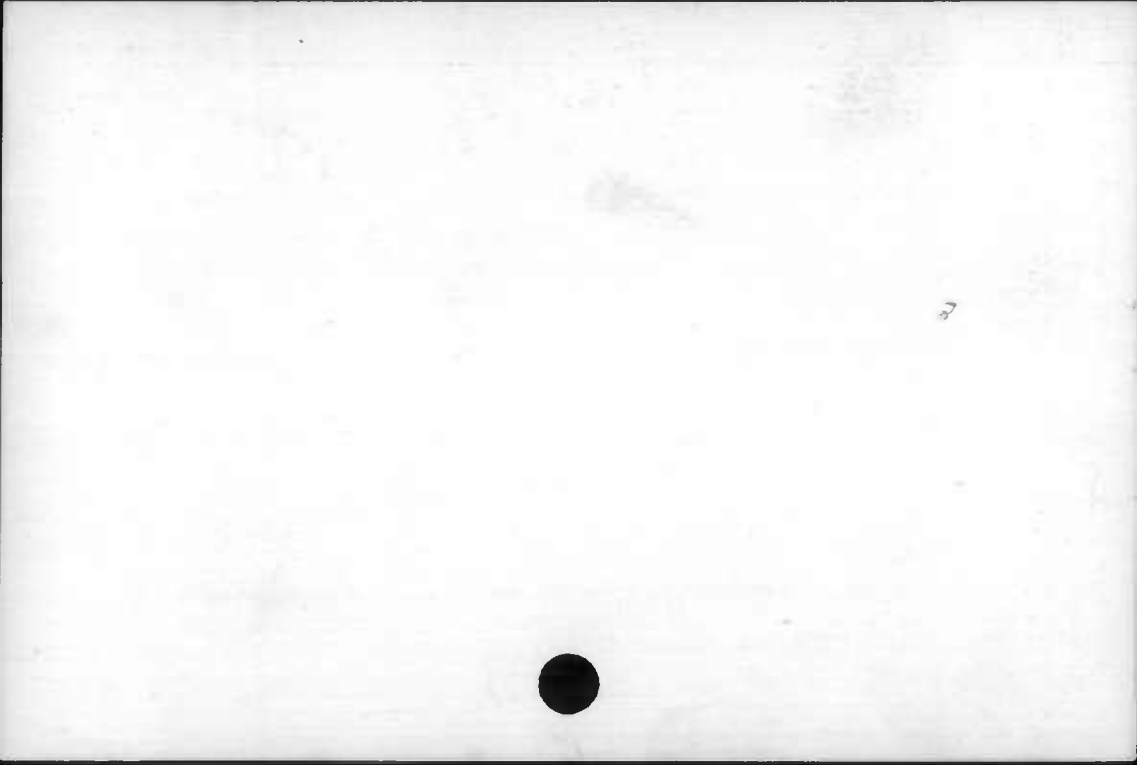
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician P. L. Travers

Address Easton, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Leina Zipp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

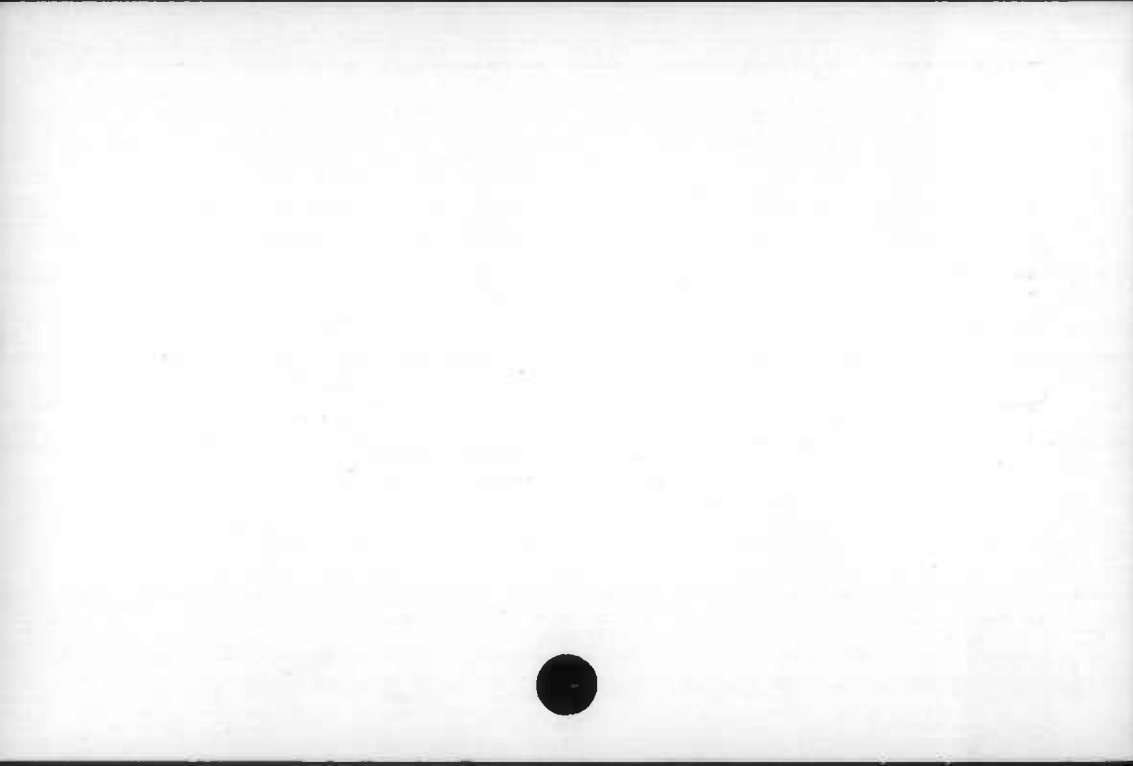
Died at <i>New Eastern</i>		County <i>Ta. Mt</i>		MARYLAND	
Date of death	1909	Month	Aug	Day	26
Age	6	Years		Months	4
				Days	10
Sex	<i>Female</i>		Color or Race	<i>Black</i>	
Occupation	<i>none</i>		Birth-place	<i>Ind</i>	
Where Residing if not at place of death			<i>same</i>		
Married, Single or Widowed		Name of Wife or Husband			
<input checked="" type="checkbox"/> Single		<i>X</i>			
Father's Name		<i>Not known</i>		Father's Birthplace	<i>X</i>
Mother's Maiden Name		<i>Arden Zipp</i>		Mother's Birthplace	<i>Ind</i>
Name of parson giving Information		<i>Ellen Zipp</i>		How related to deceased	<i>grand mother</i>

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<i>found dead in bed</i>	How long	<i>X</i>
Immediate	<i>supposed suffocation</i>	How long	<i>X</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E. R. Zippe</i>	
		Address	
		<i>Eastern</i>	
Accident or Suicide		<i>Ind</i>	



Name
in
Full

Elizabeth Wottero

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Royal Oak Md		Tallbot					
Date of death	1904	Month	July	Day	14	Age	50
Sex	Female	Color or Race	White	Birthplace	Caroline co Md.		
Occupation	Domestic		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name		Thomas Butill		Father's Birthplace		Mer. co Md	
Mother's Maiden Name		Elizabeth Butill		Mother's Birthplace		Kent Univ	
Name of person giving Information		Pelghman R. Wottero		How related to deceased		Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's - Nissau	How long	120
Immediate	Coma	How long	2 or 3 years
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Samuel B. Lippert
		Address	Royal Oak Md.
Accident or Suicide			

